10/594/44

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004										Application or Docket Number				
			AS FILED -	(Column 2)				SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
U.S. NATIONAL STAGE FEES					· ·			RATE	FEE	1	RATE	F	EE	
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300			BASIC FEE		OR	BASIC FEE	2	と	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = `\$ 50 / \$ 100		All other situations = \$ 100 / \$ 200				EXAM. FEE	· · ·	1	EXAM. FEE	20	
SEARCH FEE			U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		ALL other situations = \$ 250 / \$ 500				SEARCH FEE	·	1	SEARCH FEE	<del>                                     </del>	עצט
FEE FOR EXTRA SPEC. PGS.			119 minu	/ 50 = `				X \$ 125 =		1	X \$ 250 =			
TOTAL CHARGEABLE CLAIMS			N min	*				X \$ 25 =		OR	X \$ 50 =			
IND	EPENDENT CL	AIMS	4 m					X \$ 100 =		OR	X \$ 200 =	þα	 }	
		DENT CLAIM PR						+ \$ 180 =		OR	+ \$ 360 =		•	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	$\prod l$	Ú	
AMENDMENT A	9/26/	CLAIMS REMAINING AFTER PI			umn 2) (Column 3) SHEST MBER PRESENT NOUSLY EXTRA			[	SMALL E	ADDI- TIONAL FEE	OR	OTHER SMALL E	NTIT	Y DI- NAL
	Total	.15	Minus	:: Z0		=		İ	X \$ 25 =		OR	X \$ 50 =	,,	<u> </u>
	Independent	· Ý	Minus :	···· (y	_	= 1		Ì	X \$ 100 =	<del>.</del>	OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					[		Į	+ \$ 180 =		OR	+ \$ 360 =		ļ—.
					•	·			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
·		(Column 1)		(Colum	nn 2)	(Cole	umn 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY		PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADI TION	VAL
NON.	Total	*	Minus ·	**	=			X \$ 25 =		OR	X \$ 50 =			
AME	Independent	•	Minus '	***	=		Γ	X \$ 100 =		OR	X \$ 200 =			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+ \$ 180 =		OR	+ \$ 360 =	-	ᅱ	
				•					OTAL ADDIT. Fee	<u>-</u> -	OR	TOTAL ADDIT. FEE		-
***	i the "Highest Nui I the "Highest Nui	mn 1 is less than the mber Previously Pak mber Previously Paid iber Previously Paid	For IN THIS SPA For IN THIS SPA	CE is less	than '20',	enter "		n the	appropriate box	•	ational	Stage Division	•	